

## EXHIBIT E

C. Bryce Bowling, M.D.

1           IN THE UNITED STATES DISTRICT CIRCUIT  
2           FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA  
3           CHARLESTON DIVISION

4           IN RE: ETHICON INC., PELVIC           ) Master File  
5           REPAIR SYSTEM PRODUCTS LIABILITY    ) No.  
6           LITIGATION                            ) 2:12-MD-02327  
7           \_\_\_\_\_                                ) MDL No. 2327  
8    )  
9           THIS DOCUMENT RELATES TO ALL         ) JOSEPH R. GOODWIN  
10          WAVE 8 AND SUBSEQUENT WAVE CASES     ) U.S. DISTRICT JUDGE  
11          AND PLAINTIFFS                         )  
12          \_\_\_\_\_                                 )

13          In Re: General re  
14          Prolift/Prolift+M/Gynemesh &  
15          TVT/TVT-Exact/TVT-O

16  
17

ORAL DEPOSITION OF

18

C. Bryce Bowling, M.D.

19

Friday, September 28, 2018

20

9:00 A.M.

21

University of Tennessee Medical Center

22

1930 Alcoa Highway

23

Knoxville, Tennessee

24

Georgette H. Mitchell  
Registered Professional Reporter

C. Bryce Bowling, M.D.

1 APPEARANCES OF COUNSEL:  
2 ON BEHALF OF THE PLAINTIFF:  
3 Ann Gayle, Esquire  
Aylstock, Witkin, Kreis & Overholtz, PLLC  
4 17 East Main Street  
Suite 200  
5 Pensacola, Florida 3202  
850.202.1010  
6 Agayle@awko.law.com  
7 ON BEHALF OF THE DEFENDANTS:  
8 Jordan N. Walker, Esq.  
Butler Snow LLP  
9 1020 Highland Colony Parkway  
Suite 1400  
10 Ridgeland, Mississippi 39157  
601.948.5711  
11 Jordan.walker@butlersnow.com  
12 Also Present:  
(Telephonically)  
13  
James Lyle, Esq.

14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24

C. Bryce Bowling, M.D.

1 cited in your report?

2 A. Same reason we cited the articles in the  
3 Prolift report. If you look through there we tried our  
4 best to utilize randomized controlled trials and to use  
5 Cochrane reviews, give the highest level of scientific  
6 data that we could.

7 We also tried to look for long term  
8 studies demonstrating ten plus years of follow-up with  
9 patients that have had midurethral slings.

10 Q. Doctor, if you would look at Exhibit 7,  
11 Page 5, Section 2, and I've highlighted there for your  
12 ease of reference, Doctor, there is a sentence that  
13 says plaintiffs' expert, I have reviewed the expert  
14 statements of multiple plaintiffs' experts for both  
15 case specific and general reports.

16 Do you see that, Doctor?

17 A. Yes.

18 Q. Doctor, what case specific reports did  
19 you rely on in forming your opinions?

20 A. Case specific reports. They will be in  
21 the reliance list. I looked over expert opinions in  
22 both general reports and case specific reports for  
23 several of the cases that I was working on to see what  
24 the plaintiffs' claims were regarding midurethral

C. Bryce Bowling, M.D.

1 slings.

2 Q. And, Doctor, if you could turn to your  
3 reliance list for Exhibit 7, and indicate which cases  
4 you are working on that are the case specific reports  
5 that you relied on?

6 MR. WALKER: Object to form.

7 BY MS. GAYLE:

8 Q. Doctor, you said your case specific  
9 reports that you relied on, that you did rely on them,  
10 and that they should be in this list correct, Doctor?

11 MR. WALKER: Object to form.

12 THE WITNESS: Okay. So when you say rely  
13 on them, can you explain to me exactly what you  
14 mean?

15 BY MS. GAYLE:

16 Q. You said you have reviewed the expert  
17 report statements of multiple plaintiffs' experts for  
18 both case specific and general reports.

19 What I'm trying to get to, Doctor, is  
20 which case specific reports you reviewed?

21 A. Any that have been sent to me. I've  
22 reviewed everything that's been sent to me.

23 Q. Do you recall what Waves, doctor?

24 A. They would have all been Wave 8 or

C. Bryce Bowling, M.D.

1 Q. Okay. Do you know Dr. Richard Ellkerman  
2 E-l-l-l-e-r-m-a-n?

3 A. I've heard the name. I don't know who he  
4 is. I don't know him personally.

5 Q. You cited an Ellkerman study in your  
6 report.

7 A. Which report?

8 Q. Good question, Doctor. I'll withdraw the  
9 question, Doctor, because I don't know which report but  
10 you don't know Dr. Ellkerman personally, correct?

11 A. No.

12 Q. And because you don't know him personally  
13 you would not know whether or not he's a defense expert  
14 for the defendants in this multi-district litigation,  
15 would you?

16 A. I don't know anything about him other  
17 than his research.

18 (Exhibit 10 - Richard Ellkerman's reliance list.)

19 BY MS. GAYLE:

20 Q. Doctor, I represent to you that he is an  
21 expert that's been named in Wave 8 and he's tendered an  
22 expert report, and I'm handing you what's been marked  
23 as Exhibit 10 which is entitled Richard Ellkerman,  
24 General Reliance List in Addition to Materials

C. Bryce Bowling, M.D.

1 referenced in Report.

2 Doctor, if you'd take your Exhibit 5 and  
3 your Exhibit 6 and compare them to Dr. Ellkerman's  
4 they're almost identical in formatting, font, exactly  
5 the same, including typographical errors.

6 I believe counsel said earlier that they  
7 prepared the reliance list for you. So since you  
8 didn't prepare it, would that be a possible explanation  
9 on why your report, your reliance list materials would  
10 be identical to Dr. Ellkerman's?

11 MR. WALKER: Objection to form.

12 THE WITNESS: Again, I don't know about  
13 Ellkerman's reliance list. I didn't put the  
14 reliance list together. I did my own reports and  
15 so I can't really speak to his reliance list.

16 BY MS. GAYLE:

17 Q. So any type -- but you didn't copy his  
18 reliance list, is that what you're saying?

19 A. No, I didn't copy his reliance list.

20 MR. WALKER: Object to form.

21 BY MS. GAYLE:

22 Q. So you didn't type this reliance at  
23 Exhibit 5 or 6 either, did you?

24 MR. WALKER: Object to form. He's

C. Bryce Bowling, M.D.

1 already testified.

2 THE WITNESS: No, I think we made that  
3 clear earlier.

4 BY MS. GAYLE:

5 Q. Okay. Great. Butler Snow put that  
6 together, right?

7 MR. WALKER: Object to form.

8 THE WITNESS: That's correct.

9 (Exhibit 11 - Dr. Ahmet Bedestani general  
10 reliance list.)

11 BY MS. GAYLE:

12 Q. Doctor, same thing with Dr. Bedestani,  
13 B-e-d-e-s-t-a-n-i, Ahmet first name, A-h-m-e-t, General  
14 Reliance List in Addition to Materials Referenced in  
15 Report, I have marked that as exhibit number 11.

16 Again, Doctor, do you know that  
17 particular doctor?

18 A. No.

19 Q. And you would not know whether or not  
20 that doctor was an expert designated in this  
21 litigation?

22 A. No.

23 Q. And again, any similarities between Dr.  
24 Bedestani's reliance list, Exhibit 11, and yours at

C. Bryce Bowling, M.D.

1 Exhibit 5 and 6 would also be something that you would  
2 not be familiar with?

3 MR. WALKER: Object to form.

4 THE WITNESS: You will have to speak with  
5 Butler Snow about that. I don't get involved in  
6 other people's reliance list.

7 BY MS. GAYLE:

8 Q. Okay. And certainly you didn't cut and  
9 paste from this reliance list, correct?

10 MR. WALKER: Object to form. He's made  
11 it crystal clear he did not put together the  
12 reliance list.

13 MS. GAYLE: Thank you, counsel. I just  
14 want to make sure that there's no -- you know, he  
15 did say earlier that he put some, maybe some  
16 materials.

17 So as long as you all put this together,  
18 that's all I'm trying to get at.

19 MR. WALKER: That's what has been  
20 represented numerous times now on the record.

21 MS. GAYLE: Thank you.

22 (Exhibit 21 - Supplemental reliance list.)

23 BY MS. GAYLE:

24 Q. Doctor, while we're talking about the

C. Bryce Bowling, M.D.

1 find --

2 MS. GAYLE: Go off the record.

3 (Off record discussion.)

4 THE WITNESS: Actually I'm not going to  
5 speak on the apical because I don't have in my --  
6 in my most trusted data, which is the randomized  
7 controlled trials here and the Cochrane reviews, I  
8 don't have specific bullet points regarding  
9 apical.

10 I have them regarding anterior and  
11 posterior which I've addressed no benefit to mesh  
12 in the posterior compartment, but absolutely no  
13 benefit to the mesh augmentation in the anterior  
14 compartment.

15 BY MS. GAYLE:

16 Q. Thank you, Doctor. With regard to the  
17 first bullet point, do you see that, Doctor?

18 A. Yes.

19 Q. Starting with mesh used in transvaginal  
20 POP repair. Do you agree with or disagree with that  
21 statement?

22 A. I disagree with that statement.

23 Q. Can you briefly state why you disagree  
24 with that?

C. Bryce Bowling, M.D.

1 BY MS. GAYLE:

2 Q. So would you disagree with -- I'm sorry,  
3 Doctor. So would you degree with this paragraph where  
4 they're talking about mesh contraction is a previously  
5 unidentified risk of transvaginal POP repair with mesh  
6 that has been reported in the published scientific  
7 literature under the adverse event reports to the FDA  
8 since the October 20th, 2008 FDA update public health  
9 notification?

10 A. You know, I don't think mesh contraction  
11 was a previously unidentified risk. Mesh has been  
12 around literally for decades and was FDA cleared to be  
13 used in the human body back in the 1960s, and surgeons  
14 have been aware of different types of complications  
15 with any implantable material since that time.

16 So, no, I don't agree that it was a  
17 previously unidentified risk. I think that mesh  
18 contraction has been known about for some time. I  
19 think that clinically relevant mesh contraction is not  
20 really something that exists.

21 I think that you do have some contraction  
22 of the mesh. I think that that is a normal part of the  
23 healing process that occurs in the immediate  
24 postoperative period, but we have had several studies

C. Bryce Bowling, M.D.

1           A.       Well, you know, I don't really believe  
2   that degradation occurs. We have good scientific data  
3   from last year that shows that what has been termed  
4   degradation quote unquote in the past is not really  
5   degradation of the mesh itself, but more of a cracked  
6   layer of the formalin fixation process that occurs  
7   after putting the mesh into formalin. It's not an  
8   actually degradation of the mesh.

9                   We have data that looks at mesh weights  
10   pre and post-insertion that shows that their weights  
11   are the same. You can't have degradation of a mesh  
12   that doesn't lose weight.

13          Q.       And, Doctor, that study that you're  
14   referring to is Thames, T-h-a-m-e-s; is that correct?

15          A.       That's correct.

16          Q.       And you have testified earlier this  
17   morning that you haven't done any sort of, excuse me,  
18   strike that.

19                   You haven't published any sort of report  
20   on degradation in a peer-reviewed journal, correct?

21          A.       I have not.

22          Q.       Doctor, does your experience with not  
23   having any mesh complication patients or -- strike  
24   that.

C. Bryce Bowling, M.D.

1 Does your experience as you've just  
2 testified with zero complications in your patients  
3 attributable to mesh shape some of the opinions that  
4 you might have using these products?

5 MR. WALKER: Object to form.

6 THE WITNESS: Well, first of all, I  
7 didn't say that I had zero complications. I have  
8 an extremely low complication rate.

9 BY MS. GAYLE:

10 Q. Complications attributable to mesh,  
11 Doctor.

12 A. So again, if we're teasing this out and  
13 saying how many complications do I have in my practice  
14 that I would say the mesh caused that problem? None.

15 How many complications have I had in my  
16 patients that I could attribute to something that I  
17 messed up in the operating room or that the patient  
18 messed up by not following restrictions or where a  
19 piece of mesh was placed into an inappropriate patient  
20 and referred to me for removal or revisions, those  
21 patients exist. My complication rate is very low.

22 Q. And I'm just asking with regard to the  
23 mesh complications, not a patient factor or improper --

24 A. Well, they are mesh complications still.

C. Bryce Bowling, M.D.

1 So I think we need to make sure that we're defining  
2 this appropriately.

3 Whether or not I mess something up or  
4 another surgeon messes something up or the patient  
5 doesn't follow a restriction and they come back in with  
6 a complication from their mesh, you can still term that  
7 a mesh complication. But do I look at the mesh and say  
8 this evil mesh caused this? No, I don't.

9 Q. Okay. Thank you, Doctor, for that  
10 clarification. And so you've seen zero where you would  
11 say this evil mesh has caused this problem, correct?

12 A. That's correct.

13 MR. WALKER: Object to form.

14 BY MS. GAYLE:

15 Q. Okay. And does that experience help  
16 shape your opinions, some of the opinions that you  
17 might have using these types of products?

18 MR. WALKER: Object to form.

19 THE WITNESS: I think the products in my  
20 hands are perfectly safe.

21 BY MS. GAYLE:

22 Q. So that's a yes, that experience would  
23 shape some of your opinions?

24 A. If I -- well, look. You know, it's a

C. Bryce Bowling, M.D.

1 combination as we've stated several times today of my  
2 training, my background, my experiences, and what I  
3 have found in the medical literature that bring me back  
4 to the same statement every time that these products  
5 have been shown and effective for decades.

6 Q. And certainly, Doctor, if you were  
7 experiencing lots of or seeing lots of patients where  
8 you could say hey, this is evil, in your words, evil  
9 mesh could have caused those bucket of patients to have  
10 problems, that might change your opinion on the  
11 products?

12 MR. WALKER: Object to form.

13 THE WITNESS: No. You know, if I was  
14 having a multitude of patients come back into my  
15 office with mesh complications, I would start to  
16 re-evaluate myself and ask myself whether or not I  
17 am skilled enough to be doing these procedures.

18 BY MS. GAYLE:

19 Q. And you wouldn't attribute it at all to  
20 anything about the mesh products?

21 A. Based on my education, background,  
22 experiences and review of the medical literature, no.

23 Q. Doctor, you talked about the pore size in  
24 your report and one of the questions I'd like to ask

C. Bryce Bowling, M.D.

1 you is your knowledge about -- basically about the pore  
2 sizes that you talk about, and you've already said that  
3 you haven't published anything in a peer-reviewed  
4 journal regarding degradation.

5 Have you published anything in a  
6 peer-reviewed journal regarding pore size?

7 A. I have not.

8 Q. You testified earlier that sometimes you  
9 look at it under a microscope, mesh, and sometimes you  
10 have not looked at it under a microscope, correct?

11 A. That's correct.

12 Q. Before you were retained as an expert for  
13 Ethicon did you ever talk about pore size to your  
14 patients?

15 A. Yes, actually I have. I have told  
16 several patients that the type of mesh that we use,  
17 this is especially true of patients who come in after  
18 they see one of these ridiculous commercials on TV.

19 Patients come in asking about mesh. I  
20 have told them that we have ample evidence pointing to  
21 the long-term efficacy and safety of macroporous  
22 polypropylene mesh and we have talked about the  
23 differences between meshes that are macroporous and  
24 meshes that are not.

C. Bryce Bowling, M.D.

1 Q. What assurances are you talking about?

2 A. Oh, well, again these TV commercials.

3 This is all plaintiff's counsel TV commercials that we  
4 see that are making references to mesh migration and  
5 references and innuendos that mesh can crawl around the  
6 body and wreck havoc, and it's just a generalized term,  
7 and I think if general -- if plaintiff's counsel and  
8 plaintiff's expert want to come forward and say that  
9 they don't believe that, well I'd be happy to hear it.

10 Q. And, Doctor, again I'm just trying to get  
11 to sort of the source of what you're referencing there  
12 so --

13 A. Well, I think my source is a combination  
14 of seeing commercials on TV. My source is being  
15 deposed several times in the past by plaintiffs'  
16 counsel who as you have done today tend to word  
17 questions in such a way that makes the mesh seem to be  
18 a dangerous product, when I as a surgeon, researcher,  
19 and scholar know that that's not the case.

20 Q. And, Doctor, I haven't tried to word my  
21 questions where it makes mesh seems as a dangerous  
22 product. Again, as I've told you many times my job is  
23 just to get to the basis of your opinions.

24 And in one report you do cite your